

Testimony of Dave Geist, S.W. Kansas Area Agency On Aging, to the Kansas Health Policy Authority stakeholders meeting Thursday, July 27, 2006, Hays, Kansas.

I am Dave Geist, executive director of the SouthWest Kansas Area Agency On Aging, and I want to thank the members and staff of the Health Policy Authority Board for hosting a stakeholders meeting in Hays and this part of the state.

My area agency is one of eleven similar agencies across the state that partners with the Kansas Department On Aging in administering such programs as the Older Americans Act on the federal level, the Home and Community Based Waiver program (Medicaid) and the Kansas Senior Care Act. (See attached map) Our purpose is to provide programs that allow older Kansans to remain independent in their homes and communities as long as their health will allow them to do so.

There are a number of critical issues and concerns that I would like to briefly present to the policy board for your consideration as we move into 2007 and beyond, most of them centering around the health care of the aging population here in southwest Kansas.

1. Rural Health Care - You have heard from other health care partners of the need for providing quality health care in rural areas - whether it be medical, dental, in-home, or institutionalized care. The cost of delivering these services for Kansans of all ages continues to increase while the number of providers - doctors, dentists, home health agencies, those providers on the front line, continue to decrease because of the current reimbursement system to provide these life sustaining services.

And I echo the suggestion of the need to convene a task force, or governor's cabinet, to develop a comprehensive plan to address the direction of rural health in general. It is imperative that this group convene fairly quickly and to hold their meetings not in Topeka or Wichita, but in the trenches of rural Kansas.

2. This second issue coincides with rural health care. That is the need for medical transportation. With the regionalization of medical services to our population centers (larger communities) there is a need to provide transportation for older Kansans that receive these services on a regular bases. The present reimbursement system thru Medicaid is too lengthy and cumbersome for consumers to access in a timely and consistent manner. And with the rising price of gas and the increasing frailty and care needs of the patient, the good neighbor policy is being stretched to its limit.

3. We would like to see some statutory changes to the Medicaid HCBS-FE waiver program to include dental care and the purchase of dentures for older Kansans. In many instances a person's overall health deteriorates because of their inability to eat properly as a result of poor dental hygiene.

4. The need to develop a better system of providing mental health services for older Kansans in rural areas is also a concern that I would like to bring to the attention of the this policy board.

Through the Area Agency's On Aging (AAA) case management program we continue to identify older customers who need this service but can not or are not willing to access the typical mental health services that are available to them. The AAAs would welcome the opportunity to partner with the area mental health centers on a different approach to serving the mental health needs of Kansas elderly.

6. Any finally we would like to see the Health Authority Policy Board fund programs that encourage health promotion and preventative services among Kansas seniors. This baby boomer generation is more health conscious and is wanting to do anything that can help them stay healthier and look younger longer. So I encourage this policy board to seize the moment and direct some attention towards preventative education.

Thank you for giving me this opportunity to provide these suggestions at this hearing and I will now stand for questions.

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Attachment: